

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>VI</i>	<i>JC 708</i>	<i>8-31-81</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>ST</i>	<i>1021</i>	<i>03/04/02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	✓
2	0
3	0
4	0
5	0
6	0
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	0
17	✓
18	✓
19	0
20	0
21	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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